


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P00000105377	
1. Entity Name RIOS SMIDHUM ENTERPRISES, INC.	

Principal Place of Business 3421 W CYPRESS AVENUE TAMPA, FL 33607	Mailing Address 3421 W CYPRESS AVENUE TAMPA, FL 33607
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**DO NOT WRITE IN THIS SPACE**

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3679981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMIDHUM, SHERI  
3421 W CYPRESS AVENUE  
TAMPA, FL 33607

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000754157 05/22/07-80049-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SMIDHUM, SHERI 3421 W. CYPRESS STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MANLEY, LON C 6421 W. CYPRESS STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #